

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

			to or each violation is specified in the narrative portion of this re-				
Establishm		11	,	Telephone Number	Date of Ins (mm/dd/yr	spection PERMIT #	
$\mathcal{L} = \mathcal{L}$	1229	$H\iota$	<u>/+</u> ·	8/2-451-0092	(IIIII) day,	" 19-	
Establishment Address (number and street, city, state, zip code)				•	1/-1-	10 20	
1040 Copper Frold Dr. Gorsdon IN47122					'	1 221	
Owner				urpose:	Follow-u	p Release Date	
l Je	A I	Ree	+z /1	. Routine	110	10 days	
Owner's Ac	idress		3	. Follow-up	Summary	of Violations:	
305	Town	e	1) V and Sintellar Language Ke 4024	. Complaint	~^	\ \	
Person in C	116		· · · · · · · · · · · · · · · · · · ·	-		$r_{NC} Z_{R} \emptyset$	
	Z	au	a Brutcher	. Pre-Operational	(<u>///</u>	_ NC R_	
Responsible			11 5.	. Temporary	Menu Typ	pe (See back of page)	
		-	6.	. HACCP			
Certified Fo	ood Manag	er		. Other (list)	1 2	V_3 4 5	
Laura Bratcher 1-5-22							
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			To Be Corrected By	
310	NC		Observed dust build-up on	air intake		10 days	
			vente ner walk-in.			· · ·	
324	1/6		Observed first hand was	hing sink to		Zweeks.	
761	// -						
<u> </u>			have a dripping faucet & 3 comp				
		Sink faucet to be dripping when					
			pressurized.	•			
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Received by (name and title printed): Inspected by (name and title printed):							
Laura Bratcher Manager Thomas Snider, El41							
Received by (signature): Inspected by (signature):							
Thur nothing							
_cc-			CC:	J++ / / / / / /	cc:		
					. = 1		